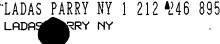
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POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

(list name and registration number)

JOSEPH H. HANDELMAN, 26179

RICHARD P. BERG, 28145

JOHN RICHARDS, 31053

JULIAN H. COHEN, 20302

RICHARD J. STREIT, 25765

WILLIAM R. EVANS, 25858

PETER D. GALLOWAY, 27885

JANET I. CORD, 33778

IAN C. BAILLIE, 24090

CLIFFORD J. MASS, 30086

THOMAS F. PETERSON, 24790

(Check the following item, if applicable)

[] Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

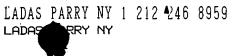
SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Ladas & Parry 26 West 61st Street New York, N.Y. 10023

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon



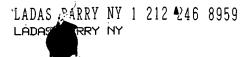


(check proper box(es) for any of the following added page(s) that form a part of this declaration)

IJ	Signature for fourth and subsequent joint inventors. Number of pages added
	* * *
[]	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
	* * *
[]	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
	* * *
[]	Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)
	* * *
[]	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.
	[] Number of pages added
	* * *
[]	Authorization of practitioner(s) to accept and follow instructions from representative.

(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item)

[X] This declaration ends with this page.





SIGNATURE(S)

AHARON (Given Name)	MEIR (Middle Initial or Name)	EYAL Family (Or Last Nam
Inventor's signature		rumuy (Or Last Name
	Country of Citizenship ISRAE	IL.
	et. Jerusalem 93380 ISRAEL	
Post Office Address <u>S</u>	ame as above	
Full name of second join	at inventor if any	•
_	•	
PONNAMPALAM Given Name)	(Middle Initial or Name)	<u>ELANKOVAN</u> Family (Or Last Name
nventor's signature	X-lonayondez Ela	nkvan
Date × 4-19-88	(Middle Initial or Name) Koncupal Ela Country of Citizenship UNITE	DSTATES
	ridian Drive. Okemos, MI 48864 United	
Post Office AddressS		· Diates of America
Full name of third joint i	inventor, if any	
		Equally (1) a Local Bloom
Full name of third joint i Given Name)	(Middle Initial or Name)	Family (Or Last Name
Given Name) nventor's signature	(Middle Initial or Name)	

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SIGNATURE(S)

NOTE: Carefully indicate th	e family (or lass) name, as it should appear on the	e filing receips and all other document
Full name of sole or firs	t inventor	
AHARON	MEIR (Middle Initial or Name)	EYAL
(Given Name)		Family (Or Last Name
	A. H. Gjal	
Date March 23 19	699 Country of Citizenship ISRAE	L
Residence <u>32 Baitar Stre</u>	et. <u>Jerusalem 93380 ISRAEL IL X</u>	(
Post Office Address	Same as above	
•		•
Full name of second join	nt inventor, if any	
PONNAMPALAM		ELANKOVAN
(Given Name)	(Middle Initial or Name)	Family (Or Last Name,
Date	Country of Citizenship <u>UNITE</u>	D STATES
Residence <u>2365 Club M</u> e	ridian Drive. Okemos. MI 48864 United	States of America
Post Office AddressS	ame as above	
•		
Full name of third joint	inventor, if any	
(Given Name)	(Middle Initial or Name)	Family (Or Last Name)
` • *	· · ·	• ,
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	Country of Citizenship	
Residence		•

(check proper box(es) for any of the following added page(s) that form a part of this declaration)

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